



U.S. Department of Transportation  
Pipeline and Hazardous Materials  
Safety Administration

**MECHANICAL FITTING FAILURE REPORT FORM  
FOR CALENDAR YEAR 20\_\_\_\_  
FOR DISTRIBUTION OPERATORS**

INITIAL REPORT   
SUPPLEMENTAL REPORT

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 1 hour per submission, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**PART A - OPERATOR INFORMATION**

**DOT USE ONLY**

1. NAME OF OPERATOR  
\_\_\_\_\_

3. HEADQUARTERS NAME & ADDRESS

2. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER  
\_ / \_ / \_ / \_ / \_

\_\_\_\_\_ Number and Street

\_\_\_\_\_ City and County

\_\_\_\_\_ State and Zip Code

**PART B - PREPARER AND AUTHORIZED SIGNATURE**

\_\_\_\_\_  
(Type or print) Preparer's Name and Title

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Preparer's email address

\_\_\_\_\_  
Area Code and Facsimile Number

Preparer's address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City and County

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Date Submitted

.....  
Authorized Alternative Reporting Submissions Only:

\_\_\_\_\_  
Name and Title of Person Signing

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Authorized Signature

**PART C – MECHANICAL FITTING FAILURE DATA – (If the data about the “Manufacturer”, “Part or Model Number”, or” Lot Number” cannot be located with reasonable effort or if the data is unknown, enter “Unavailable”; do not leave data fields blank.)**

- 1) State in Which Fitting Failed: \_\_\_\_\_
- 2) Date of Failure: \_\_\_\_\_
- 3) Specify the Mechanical Fitting Involved:  Stab  Nut Follower  Bolted  Other Compression Type Fitting \_\_\_\_\_
- 4) Specify the Type of Mechanical Fitting:  Service or Main Tee  Tapping Tee  Transition Fitting  Coupling  Riser  
 Adapter  Valve  Sleeve  End Cap  Other \_\_\_\_\_
- 5) Leak Location:  Aboveground or  Belowground;  
 Inside or  Outside;  
 Main-to-Main or  Main-to-Service or  Service-to-Service or  Meter Set
- 6) Year Installed: \_\_\_\_\_
- 7) Year Manufactured: \_\_\_\_\_
- 8) If Neither Year Installed or Year Manufactured is Known, Provide Decade Installed: \_\_\_\_\_
- 9) Manufacturer: \_\_\_\_\_
- 10) Part or Model Number: \_\_\_\_\_
- 11) Lot Number: \_\_\_\_\_
- 12) Other Attributes: \_\_\_\_\_
- 13) Fitting Material:  Steel  Plastic  Combination Plastic and Steel  Brass  Unknown  Other \_\_\_\_\_
- 14) Specify the Two Materials Being Joined:
  - a) First Pipe  
 Nominal Size:  1/4"  1/2"  3/4"  1"  1-1/4"  1-1/2"  1-3/4"  2"  3"  4"  6"  8" or larger  
 Unit:  IPS or  CTS or  NPS  
  
 Material:  Steel  Cast/Wrought Iron  Ductile Iron  Copper  Plastic  Unknown  Other \_\_\_\_\_  
 ❖ If Plastic ⇨ Specify:  Polyethylene (PE)  Polyvinyl Chloride (PVC)  Cross-linked Polyethylene (PEX)  
 Polybutylene (PB)  Polypropylene (PP)  Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)  
 Cellulose Acetate Butyrate (CAB)  Other ⇨ Specify: \_\_\_\_\_
  - b) Second Pipe  
 Nominal Size:  1/4"  1/2"  3/4"  1"  1-1/4"  1-1/2"  1-3/4"  2"  3"  4"  6"  8" or larger  
 Unit:  IPS or  CTS or  NPS  
  
 Material:  Steel  Cast/Wrought Iron  Ductile Iron  Copper  Plastic  Unknown  Other \_\_\_\_\_  
 ❖ If Plastic ⇨ Specify:  Polyethylene (PE)  Polyvinyl Chloride (PVC)  Cross-linked Polyethylene (PEX)  
 Polybutylene (PB)  Polypropylene (PP)  Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)  
 Cellulose Acetate Butyrate (CAB)  Other ⇨ Specify: \_\_\_\_\_
- 15) Apparent Cause of Leak:
  - Corrosion
  - Natural Forces Was there thermal expansion/contraction?  Yes or  No
  - Excavation Damage Time excavation damage occurred?  At time of leak discovery or  Previous to leak discovery
  - Other Outside Force Damage
  - Material or Welds/Fusions Was the leak due to  Material Defect or  Design Defect
  - Equipment
  - Incorrect Operation
  - Other Explain: \_\_\_\_\_
- 16) How did the leak occur?  Leaked Through Seal or  Leaked Through Body or  Pulled Out
- 17) Operator's Internal Mechanical Fitting Failure Tracking Number (optional): \_\_\_\_\_  
 Record Identification Number <<This number will be auto-generated by PHMSA for each submitted mechanical fitting failure report.>>